

LOCAL REGISTRAR'S COPY
CERTIFICATE OF DEATH
 GEORGIA STATE BOARD OF HEALTH
 Bureau of Vital Statistics

STATE FILE NUMBER

1 PLACE OF DEATH

State—Georgia

County—*Franklin*

City or Town—*Waynes, Ga.*

Militia District No. *370*

Registered No. *2*

No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give the NAME instead of street and number).

2 FULL NAME *Premature infant of Mr. & Mrs. E.P. Patterson*

(a) Residence

(Usual place of abode, street and number)

Length of residence in city or town when death occurred yrs. _____ mos. _____ da. _____

If NON-RESIDENT give city or town and state of residence.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male*

4 Color or Race *white*

Single, Married, Widowed, or Divorced (write the word).

5a Name of Husband or Wife *None* Single, Widowed or Divorced.

6 DATE OF BIRTH (month, day and year) *10-20-28*

7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, hrs. _____

8 OCCUPATION

(a) Trade, Profession or particular kind of work.

(b) General nature of Industry, Business or Establishment in which employed (or employer)

9 BIRTHPLACE

(State or Country) *Franklin Co.*

10 NAME OF FATHER *Mr. E.P. Patterson*

11 BIRTHPLACE OF FATHER (State or Country) *Franklin Co.*

12 MAIDEN NAME OF MOTHER *Perselle*

13 BIRTHPLACE OF MOTHER (State or Country) *Franklin Co.*

14 The Above is True to the Best of My Knowledge.

(Informant) *E.P. Patterson*

(Address) *Waynes, Ga.*

Filed *Jan 5, 1929*

Registrar *J.A. Blackman, Jr.*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(month, day and year) *10-25-1928*

17 I HEREBY CERTIFY, That I attended deceased from *10-25-1928* to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above at _____ m.

The CAUSE OF DEATH was as follows:

Deficient labor in birth became complicated + heart disease of mother
 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) *J.A. Blackman, Jr.*, M.D.

(Address) *Waynes, Ga.*

19 Place of Burial, Cremation, or Removal Date of Burial

Free Bethel Cemetery 10-29-1928

20 UNDERTAKER *Joe E. Cunningham*

Address *Waynes, Ga.*